NEBRASKA DEPARTMENT OF LABOR NEBRASKA APPEAL TRIBUNAL

	Telephone Info	ormation Return Form	
In Re:		Case No. 15T-XXX	
Acme	· Widgets LTD	Appellant	
XXXX	XXXXXXXXXX Er	mployer Account No.	
COMM	/IISSIONER OF LABOR - Responden	nt	
You may on your telephor by speal	behalf of the date and time of the hearing and ne numbers submitted below. Each individua	or legal representation if you so choose. Inform anyone appearing d arrange for them to be present at the designated date, time, and al you list below must be available on a separate telephone line or or your witness to participate by separate telephone or by speaker	
Name(s)		(Area Code) Telephone Number	
1.	Marvin Acme	(402) 555-1234 x 200	
<u>2.</u>	Jessica Rabbit	_(40 f) 555-1234 x 300	
<u>3.</u>			
4.	Name/Mailing Address of Attorney / Repres	sentative (Area Code) Telephone Number	
	n/a	<u> </u>	

INSTRUCTIONS: For more information, please go to dol.nebraska.gov/Appeals

- 1.) **Witnesses**: List the full name and the telephone numbers (with area code) of any additional witnesses on Lines 1, 2 and 3. Because these hearings are scheduled for only one hour, listing unnecessary witnesses should be avoided. Witnesses named above must be informed of the date and time of the hearing.
- 2.) Attorney and Representative: On Line 4, provide name, firm or business name, mailing address, and telephone number (both contact number and the number where they will be available for the hearing).
- 3.) **Documents:** Any potential exhibits should be attached to this form and return by fax or mail to the address listed above. If copies of potential exhibits are not sent to the Tribunal or to the opposing party, the Judge may rule not to accept such documents into evidence.
- 4.) **Certificate of service**: Parties submitting documents must complete the Certificate of Service on the reverse side of this form. Once complete, the Certificate should be faxed or mailed to-the opposing party and to the Tribunal.

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CERTIFICATE OF SERVICE				
In Re:		Case No. 15T-XXX		
Acme Widgets LTD	Appellant			
XXXXXXXXXXXX	Employer Account No.			
COMMISSIONER OF LABOR - Respo	ndent			
I certify that I have served a copy ■ Employer ■ Nebraska Department on the "Notice of Telephonic Hearing" to U.S. Mail (Postage Prepaid)	of Labor, D Other at their add	-		
□ Fax				
☐ Hand Delivery				
 □ Other (Federal Express, DHL, on this: 02-20-16 		V		
on this.	(Month / Day / Year) Signature	me		
Marvin Acme				
Name of Individual Signing Certificate				
President				
Title				
987 Main Street				
Address				
Anywhere NE 68999				
City, State, ZIP				
(402) 555-9876				
Telephone Number				
(402) 555-9997				
Fax Number				